

## The Mercer Report: Realigning programs in HRSA

A new study recommends structural changes to meet challenges of the future

### Key recommendations of the Mercer Report

#### HRSA restructuring

- ☑ Restructuring of the administration offers the opportunity to address administrative efficiencies and develop policy and integrated treatment approaches for physical, mental health and substance-abuse disorders.
- ☑ The importance of maintaining strong programmatic identities for DASA and MHD will provide a structure that supports the unique needs of state residents with alcohol, substance abuse and/or mental disorders. Some operational aspects of these agencies can be shared to provide for increased efficiencies.
- ☑ Under a shared services model, the Office of the Assistant Secretary will be responsible for establishing priority between competing needs.
- ☑ Organizational structures are most supportive when all departments or divisions share a common mission and vision and support the same core competencies.
- ☑ Five key areas should be centralized in the Office of the Assistant Secretary:
  1. Internal and external communications
  2. Legislative and government relations, including relationships with the Legislature, tribes and other state agencies.
  3. Human Resources, Legal Services and Workforce Management/Training.
  4. Quality Management as directed by the Chief Medical Officer.
  5. Internal audit to provide independent appraisals of HRSA programs, contracts, divisions and individuals receiving state or federal funding.

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In 2005, two critical developments led to a reappraisal and a realignment of functions within the health and recovery services provided by the Department of Social and Health Services.

► In June, DSHS Secretary Robin Arnold-Williams, implementing recommendations from an initial report by the Mercer consulting group, directed the

realignment of Health & Rehabilitative Services (HRSA) and the Medical Assistance Administration (MAA) to form a new administration called Health & Recovery Services (H\*R\*S\*A).



► This realignment of medical assistance, mental health treatment, and chemical dependency services raised a separate set of organizational questions for DSHS. In addition, division directors from the medical care programs had also been looking at the way those programs had operated. So Secretary Arnold-Williams called for a second evaluation by Mercer, looking at how DSHS could best leverage the expertise in the new administration by redesigning policy issues and the way programs worked together.

Mercer's October 2005 report, which looks at all of these developments and relationships, has now provided the agency with a set of proposals that will weave the new organization together – more effective, efficient and accountable than before.

#### Interdependence: When every division supports each other

The key goal of the realignment is *interdependence* – a step beyond both dependence (in which someone else makes key decisions) and independence (in which no one else counts).

Interdependence between DSHS programs is also a continuation of a longstanding trend toward integration of Medicaid-funded services – putting the client, not the program's administration, at the center of care.

NOTE: A copy of the report is posted on the HRSA Web site at <http://maa.dshs.wa.gov>